

**REQUEST FOR TAX RETURN INFORMATION**

<b>TO:</b> <b>Internal Revenue Service Center</b>	ADDRESS OF PARALLEL SSA OFFICE
<b>FROM:</b> (Name and current address of taxpayer)	NAME OF CLAIMANT

The information being requested will be used solely in connection with the administration of the Social Security Act, as amended, and the regulations issued pursuant thereto, and will not be disclosed in any manner except as required in connection with such administration.

I hereby authorize the Internal Revenue Service to provide the requested information concerning my Federal income tax return(s) for tax year(s) \_\_\_\_\_ to the Social Security Administration.

SIGNATURE OF TAXPAYER OR REPRESENTATIVE		DATE
1. TAXPAYER'S FULL NAME (as shown on tax return)		2. SOCIAL SECURITY NUMBER
3. NAMES AS SHOWN ON JOINT RETURN (Form 1040, Page 1)		4. SPOUSE'S SOCIAL SECURITY NUMBER
5. NATURE OF BUSINESS (if self-employed)	6. BUSINESS ADDRESS WHEN RETURN WAS FILED	
7. HOME ADDRESS WHEN RETURN WAS FILED		

TO IRS, Please:

- ☐ Advise if a timely form 1040 was filed for 19 \_\_\_\_.
- ☐ Furnish copy of oldest 1040 or 1040A available listing the following as dependents \_\_\_\_\_

THE REMAINING BLOCKS ARE "ONLY" FOR RETURNS FILED LESS THAN 7 YEARS AGO.

- ☐ Furnish copies of Form ☐ 1040 ☐ Sch SE ☐ Sch C &/or F ☐ Other \_\_\_\_\_, for 19 \_\_\_\_.
- ☐ Furnish one certified copy and \_\_\_\_\_ uncertified copies of complete return for 19 \_\_\_\_  
(for use as evidence in criminal prosecution case).
- ☐ Permit inspection.

**FOR IRS USE ONLY**

8. YEAR	9. DOCUMENT LOCATOR NUMBER	10. DATE RETURN FILED	11. IRS REMARKS
a.			SIGNATURE OF IRS REPRESENTATIVE
b.			
c.			
RETURN TO REQUESTING SSA OFFICE SOCIAL SECURITY ADMINISTRATION			SIGNATURE OF PERSON DESIGNATED TO MAKE INSPECTION
			TITLE
			PLACE